

Case Number:	CM14-0128888		
Date Assigned:	08/18/2014	Date of Injury:	05/22/1995
Decision Date:	10/09/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/13/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is 60 year old male who reported an injury on 05/22/1995; the mechanism of injury was not indicated. The injured worker had diagnoses including moderate degeneration joint disease at the left ankle tibiotalar articulation. Prior treatment included noninvasive with anti-inflammatory agents. Diagnostic studies included X-rays of the left ankle dated 12/04/2000 and 05/31/2000. The injured worker underwent removal of loose bodies from the left ankle joint. The injured worker complained of his pain level was getting worse in the winter months. The appeal letter dated 10/21/2013 noted the injured worker had chronic pain to the right ankle with an old healed tri malleolar and tibial plafond fractures and distal fibular fracture. The injured worker reported his pain level was worsening and he was taking narcotic medications. The physician noted the injured worker possibly required stronger pain medication. The treatment plan included a request for Norco 5mg. The rationale for Norco 5mg request was to lessen his low back pain and improve his function particularly range of motion of the left ankle. The request for authorization was not provided within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 5 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The injured worker complained of low back pain and ankle pain. The California MTUS guidelines recommend ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. The requesting physician did not indicate when the last urine drug screen was performed. Additionally, the request does not indicate the frequency at which the medication is prescribed as well as the quantity of the medication being requested in order to determine the necessity of the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. Therefore, the request of Norco 5 mg is not medically necessary and appropriate.